

| STATEMENT OF ORGANIZATION | | OFFICE USE ONLY | | | | | | | | | |
|--|--|---|--|---------------------------|---|--|-------------|------------------------------------|-----------------------------|-----------|------------------------------------|
| 1. Name and Address of Committee COMMITTEE TO ELECT PHILLIP DEVILLIER PO BOX 409 EUNICE, LA 70535 Check If: New Committee _____ | 2. Date of this Statement <div style="text-align: center;">1/21/2016</div> | Report Number: 56179 Date Filed: 1/21/2016 | | | | | | | | | |
| | 3. Estimated Membership <div style="text-align: center;">100</div> | | | | | | | | | | |
| | 4. Amended Statement? <div style="text-align: center;">____ Yes <u> X </u> No</div> | | | | | | | | | | |
| 5. All Committee Officers and Directors (including Chairperson, Treasurer, if any, and any other committee officers and directors) <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 33%;"><u>a. Name</u></th> <th style="text-align: left; width: 33%;"><u>b. Position</u></th> <th style="text-align: left; width: 33%;"><u>c. Address</u></th> </tr> </thead> <tbody> <tr> <td>CHAIRPERSON CHRISTOPHER B DEVILLIER</td> <td>Chairperson</td> <td>PO BOX 409 EUNICE, LA 70535</td> </tr> <tr> <td>TREASURER DWAYNE CORMIER</td> <td>Treasurer</td> <td>PO BOX 409 EUNICE, LA 70535</td> </tr> </tbody> </table> | | | <u>a. Name</u> | <u>b. Position</u> | <u>c. Address</u> | CHAIRPERSON CHRISTOPHER B DEVILLIER | Chairperson | PO BOX 409 EUNICE, LA 70535 | TREASURER DWAYNE CORMIER | Treasurer | PO BOX 409 EUNICE, LA 70535 |
| <u>a. Name</u> | <u>b. Position</u> | <u>c. Address</u> | | | | | | | | | |
| CHAIRPERSON CHRISTOPHER B DEVILLIER | Chairperson | PO BOX 409 EUNICE, LA 70535 | | | | | | | | | |
| TREASURER DWAYNE CORMIER | Treasurer | PO BOX 409 EUNICE, LA 70535 | | | | | | | | | |
| 6. Affiliated Organizations <small>(Any organization other than a political committee which directly or indirectly established, administers, or financially supports this committee.)</small> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 33%;"><u>a. Name</u></th> <th style="text-align: left; width: 33%;"><u>b. Address</u></th> <th style="text-align: left; width: 33%;"><u>c. Relationship to Committee</u></th> </tr> </thead> <tbody> </tbody> </table> | | | <u>a. Name</u> | <u>b. Address</u> | <u>c. Relationship to Committee</u> | | | | | | |
| <u>a. Name</u> | <u>b. Address</u> | <u>c. Relationship to Committee</u> | | | | | | | | | |
| 7. All Depositories for Committee Funds (committee funds must be deposited in one or more banks or savings and loan institutions or money market mutual funds.) <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 33%;"><u>a. Name</u></th> <th style="text-align: left; width: 33%;"><u>b. Address</u></th> </tr> </thead> <tbody> <tr> <td colspan="2">On attached sheet</td> </tr> </tbody> </table> | | | <u>a. Name</u> | <u>b. Address</u> | On attached sheet | | | | | | |
| <u>a. Name</u> | <u>b. Address</u> | | | | | | | | | | |
| On attached sheet | | | | | | | | | | | |
| 8. IF THIS COMMITTEE SUPPORTS A SINGLE CANDIDATE: a. Check one: <u> X </u> Principal Campaign Committee _____ Subsidiary Committee | | | | | | | | | | | |
| b. Name of Candidate PHILLIP DEVILLIER | c. Office Sought by the Candidate HOUSE OF REPRESENTATIVES, DISTRICT 41 | | | | | | | | | | |
| 9. a. Name of Person Preparing Report AMANDA GUIDRY MALOY b. Daytime Telephone 225-767-7163 | | | | | | | | | | | |
| 10. WE HEREBY CERTIFY that the information contained in this STATEMENT OF ORGANIZATION is true and correct to the best of our knowledge, information and belief. This <u> 21st </u> day of <u> January </u> , <u> 2016 </u> . <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; vertical-align: top;"> <u>CHRISTOPHER B DEVILLIER</u> Signature of Committee/Chairperson </td> <td style="width: 40%; vertical-align: top;"> ____ Daytime Telephone </td> </tr> <tr> <td style="vertical-align: top;"> <u>DWAYNE CORMIER</u> Signature of Committee Treasurer, if any </td> <td style="vertical-align: top;"> ____ Daytime Telephone </td> </tr> </table> | | | <u>CHRISTOPHER B DEVILLIER</u> Signature of Committee/Chairperson | ____ Daytime Telephone | <u>DWAYNE CORMIER</u> Signature of Committee Treasurer, if any | ____ Daytime Telephone | | | | | |
| <u>CHRISTOPHER B DEVILLIER</u> Signature of Committee/Chairperson | ____ Daytime Telephone | | | | | | | | | | |
| <u>DWAYNE CORMIER</u> Signature of Committee Treasurer, if any | ____ Daytime Telephone | | | | | | | | | | |

7. All Depositories for Committee Funds (committee funds must be deposited in one or more banks or savings and loan institutions or money market mutual funds.)

a. Name

TRI-PARISH BANK

b. Address

PO BOX 1029
EUNICE, LA 70535